NY STATE CLIENT SEMI-ANNUAL REPORT

COMPLETE ALL SECTIONS before submitting or form will be returned.

| I Reporting | Information | | |
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| ill in circle if a me | ndment (| | |
| Report Period: | January/June | O July/December | |
| ype of Lobbying: | Nonprocurement | ○ Procurement | ○Both |
| Client Filing Fee Cl | neck Number: | | |
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| 11 | Client Informa | ation | | | | 5/08/2 | |
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| 0000000 | THE RESIDENCE OF THE PARTY OF T | | ciation (N | ys) | | | |
| | Name: Trial LAWGERS Association (MVS) | | | | | | |
| Pei | manent Business A | ddress: 132 N | lASSAU Street | t, Suite 200 | | | |
| | y: New X | | | | ZIP code: 10038 | | |
| Bus | iness Phone: 212 | -349-5890 | | x Number: 212-60 | | | |
| Thi | d Party Beneficiary | / (see instructions): | | | | | |
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| An | Lobbyist(s) In vindividual or omani | iformation & Co ization that has lobbled | mpensation (Cu | urrent Period Only | regardless of whether the | | |
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| | Level of Gov't: | O State Lobbying | O Local Lobbyin | g O Both | | | |
| | Name: | | | Phone Number: | | | |
| | Address: | | | | | | |
| | City: | | | State: | ZIP code: | | |
| - | - | r current period: \$ | .00 | 100 | | | |
| В | Type of Lobbyist: | | ○ Employed | O Designated | | | |
| | Level of Gov't: | State Lobbying | O Local Lobbyin | g O Both | | | |
| | Name: | | | Phone Number | | | |
| | Address: | | | | | | |
| | City: | | | State: | ZIP code: | | |
| _ | | r current period: \$ | .00 | | | | |
| С | Type of Lobbyist: | | ○ Employed | O Designated | | | |
| | | O State Lobbying | O Local Lobbyin | g O Both | | | |
| | Name: | | | Phone Number | | | |
| | Address: | | | | | | |
| | City: | 3 2 27 27 | 222 | State: | ZIP code: | | |
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| | Continued on attach | | | | | | |
| D | TO TAL COMPENS | ATION of ALL lobbyi | ists for current perio | d(A+B+C+adden | dum sheets): \$ | .00 | |

| IV Other Expenses (Current Semi-Annual | Period Onl | y) | | |
|---|---------------------------------------|--------------------------------------|---|--|
| A Report in the aggregate all expenses less than or equal | \$ | | .00 | |
| B Report in the aggregate all expenses for salaries of non- | ees: \$ | | .00 | |
| C Itemize each expense exceeding \$75: | | | | |
| PAID TO: | DATE: / | 1 | O Ad | Social Event |
| PURPOSE: | AMOUNT: \$ | .00 | *Addend | dum attached |
| O PROCUREMENT O NONPROCUREMENT | | | | |
| PAID TO: | DATE: / | 1 | O Ad | O Social Event |
| PURPOSE: | AMOUNT: \$ | .00 | O *Addend | dum attached |
| O PROCUREMENT O NONPROCUREMENT | | | | |
| Continued on attached pages | | | | |
| If any expense listed above exceeds \$75 for an in expense, dollar amount attributable to the individ | ndividual, you midual and the nai | ust attach the a ne, title and er | addendum pag mploverofthe i | e listing the |
| = = | | | | ched pages in total) |
| | | | | 10 (50 TO) |
| V Source of Funding Disclosure | | | | |
| Instructions: In the event only one person or entity is liste event multiple persons or entities have been | ed as the Single S n aggregated as | ource for a Con a Single Source | tribution(s), use to for a Contribution | Section A. In the on(s), use Section B. |
| A Below, list all Contributions received from the received. If more than five Contributions fro | e Single Source. | Include the dat | e and the amou | nt of the Contribution |
| Addendum for the additional Contributions. | | | 10001104, 440 00 | 70 4011 7(0) 51 410 |
| Contribution(s) from Single Source #1 | 1 | 20 150 | | |
| Single Source Entity's Name: West 2 & Lux. | enbers 1 | PC | | |
| angle source Person's Last Name; | Fir | stName: | | |
| Address 700 Broadway | | | | |
| City: New York | St | ate: MY | Z | IP code: 10003 |
| Phone: 212-558-5500 | | | | |
| Date Contribution Received: 8 1 /61 2012 | Amount | of Contribution | :\$ 1806 | .00 |
| Date Contribution Received: 9 1 / 1 2012 | Amount | of Contribution | :\$ 1806 | .00 |
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| Check here if using section V(C) of the Addendum for additi | ional Contributio | ns: | | • |
| Contribution(s) Single Source #2 | | | | |
| Single Source Entity's Name: Pazer Epste | ein & Sa | fle po | | |
| Single Source Person's Last Name: | | st Name: | | |
| Address 20 Vessey Street | | | | |
| City: New York | 3: | ate: NY | Z | P code: /0007 |
| Phone: | | | | , |
| Date Contribution Received: 7 / 3/ 1 2012 | Amount | of Contribution | :\$ 1698 | .00 |
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| Check here if there are Contribution(s) from Single Source(s) Addendum to list all such Contributions: |) other than thos | listed above. | Use Section V(A) |) of the |

| V Source of Funding Disclosure | | | | |
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| B Single Source information for a Contr | ribution(s) | from m | nultiple, Related, or Affiliated Entities. | |
| Contributions from Single Source #1 | | | | |
| Related or Affiliated Entity or Person: | | | | |
| Entity's or Person's Full Name: | | | | |
| Entity's or Person's Address: | | | | |
| Entity's or Person's Phone: | | | | |
| Dates and Amounts of Contributions from | n Entity o | or Perso | on: | |
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| Entity's or Person's Full Name: | | | | |
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| Contributions from Single Source #2 | raddiuon | iai Reiai | ted, or Amiliated Entities or Persons: | 0 |
| Related or Affiliated Entity or Person: | | | | |
| Entity's or Person's Full Name: | | | | |
| Entity's or Person's Address: | | | | |
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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| or Single Source (or Related or Af | | Deno & Coxenbers F. | Same S |
| Address: 700 Brond | / stast Nat | ne: First Name: | |
| City: New York | | State: MY | ZIP code: 10003 |
| Phone: 212-558-5500 | 5 | date. 7-7 | ZIF Code. 16003 |
| Date Contribution Received: | | Amount of Contribution: \$ 1806 | .00 |
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| Date Contribution Received: | 212812013 | Amount of Contribution: \$ 1806 | .00 |
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V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, If applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

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| Single Source (or Related or Af | | me: First Name: | |
| Address: 20 Vesey | 5.0 | | |
| City: New York | 70 | State: 0-7 | ZIP code: /0007 |
| Phone: 212 - 374-177 | | a someon was est all a summ | |
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V Source of Funding Disclosure

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C Single Source Information for one Person or Entity for a single Contribution.

| Contributions from Single Source #3 | | |
|--|----------------------------|------------------------|
| Single Source(or Related or Affiliated) Entity's Name: | Ulivan Papain Bloc | K McGrath & Convavo PC |
| or Single Source (or Related or Affiliated)Person's Last Nan | ne: First N | ame: |
| Address: 120 Broadway, 18th FL | | |
| city: NEW YORK | State: NY | ZIP code: /027/ |
| Phone: 212-732-9000 | | /- 2// |
| Date Contribution Received: 7 / 3 / 2012 | Amount of Contribution: \$ | 1084 .00 |
| Date Contribution Received: 9 / 1 / 2012 | Amount of Contribution: \$ | 1084 .00 |
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V Source of Funding Disclosure

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Instructions:

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| city: New York | 80 | State: NY | ZIP code: 1000 6 |
| Phone: 212-943-90 | | | 0.00 |
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| Contributions from Single Source | # 5 | | | | | |
| Single Source(or Related or Affiliated) Entity's Name: Leeds & Brown | | | | | | |
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| city: Cacle Place | and kodd | State: N | ZIP code: 11514 | | | |
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V Source of Funding Disclosure

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| or Spale Source (or Beletad and A | SEE A. J. D | Jacks o C. | |
| Single Source (or Related or Af | 1 | | |
| Address: 1 Hollow | Lane, Svite 10 | | |
| 1 2011-6 3000 | | State: NY | ZIP code: 11042 |
| Phone: 616-684- Date Contribution Received: | 7 13/12012 | 4 | |
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V Source of Funding Disclosure

Instructions:

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C Single Source Information for one Person or Entity for a single Contribution.

| Contributions from Single Source # 7 | | | | | |
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| Single Source (or Related or Affiliated) Entity's Name: Kramer Dillof Livingston & Moore | | | | | |
| or Single Source (or Related or Affiliated)Person's Last Name: First Name: | | | | | |
| Address: 217 Broadway, 10th EL | | | | | |
| City: New York State: NY ZIP code: 10007 | | | | | |
| Phone: 212-267-4177 | | | | | |
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V Source of Funding Disclosure

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| city: Buffalo | , , , | State: NY | ZIP code: 14-202 |
| Phone: 716-854-20 | 20 | | - 1-1 aca |
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V Source of Funding Disclosure

Instructions:

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| or Single Source (or Related or Affiliated)Person's Last Name | | |
| Address: 113 East 37th Street | | |
| City: New York | State: NY ZIP o | ode: 10016 |
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V Source of Funding Disclosure

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Single Source Information for one Person or Entity for a single Contribution. Contributions from Single Source # Single Source(or Related or Affiliated) Entity's Name: First Name: Robert or Single Source (or Related or Affiliated)Person's Last Name: DOAZI 900 Merchant Concourse, Suite 314 ZIP code: 11 590 City: west bury 516-228-4226 Phone: Date Contribution Received: 7 / (2/ 2012 Amount of Contribution: \$ 145 .00 131/2012 Amount of Contribution: \$ 632 .00 Date Contribution Received: 91112012 Amount of Contribution: \$ 632 .00 Date Contribution Received: Amount of Contribution: \$ 632 Date Contribution Received: 9 / 28 / 2012 .00 Amount of Contribution: \$ 632 131 12012 .00 Date Contribution Received: 10 Amount of Contribution: \$ 632 1301 2012 .00 Date Contribution Received: Amount of Contribution: \$ 632 .00 Date Contribution Received: 12 / 31 / 2012 Amount of Contribution: \$ 6 32 .00 131 Date Contribution Received: Amount of Contribution: \$ 632 12013 .00 2 128 Date Contribution Received: Amount of Contribution: \$ 632 12613 .00 3 /31 Date Contribution Received: Date Contribution Received: Amount of Contribution: \$632 .00 Amount of Contribution: \$6 32 .00 Date Contribution Received. 201 2013 Amount of Contribution: \$637 .00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$ 00 Date Contribution Received: Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$ 00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: Amount of Contribution: \$ 00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received:

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Single Source Information for one Person or Entity for a single Contribution. Contributions from Single Source # Single Source(or Related or Affiliated) Entity's Name: Block O'Toole & Murphy or or Single Source (or Related or Affiliated) Person's Last Name: First Name: Address: One Penn Plaza, Svite 5315 City: NEW York Phone: 212-736-5300 ZIP code: 1019 Date Contribution Received: 7 13/12012 Amount of Contribution: \$ 614 .00 91112012 Amount of Contribution: \$ 614 Date Contribution Received: .00 Date Contribution Received: 9 / 28 / 2012 Amount of Contribution: \$ 6/4-.00 10 131 1 2012 Amount of Contribution: \$ 6/4 Date Contribution Received: .00 Amount of Contribution: \$614 Date Contribution Received: 11 / 30 / 2012 .00 Amount of Contribution: \$614 Date Contribution Received: (2 /3) / 2012 .00 1 2012 Amount of Contribution: \$ 614-Date Contribution Received: 00 Amount of Contribution: \$ 614 12003 .00 Date Contribution Received: 2 /28 3 13112013 Amount of Contribution: \$614 Date Contribution Received: 00 1301 2013 Amount of Contribution: \$ 614 Date Contribution Received: .00 Amount of Contribution: \$ 614 1 Date Contribution Received: 31 .00 1301 Amount of Contribution: \$614 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: .00 Date Contribution Received: Amount of Contribution: \$ 00 Date Contribution Received: Amount of Contribution: \$.00 Amount of Contribution: \$ Date Contribution Received: .00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: 1 Amount of Contribution: \$.00 1 Date Contribution Received: Amount of Contribution: \$.00

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V Source of Funding Disclosure

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| Address: 950 Thi | | | 1110011 | |
| city: New York | | | State: NY | ZIP code: 10029 |
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| Date Contribution Received: | 4 1301 | 2013 | Amount of Contribution: \$ | 1084 .00 |
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V Source of Funding Disclosure Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution. instructions: Single Source Information for one Person or Entity for a single Contribution. Contributions from Single Source #_ Single Source(or Related or Affiliated) Entity's Name: or Single Source (or Related or Affiliated)Person's Last Name: First Name: 61 Broadway, 20th EL City: New York State: NY ZIP code: 10006 212-742-9700 Phone: Date Contribution Received: 7 131 12012 Amount of Contribution: \$ 470 .00 Date Contribution Received: Amount of Contribution: \$ 470 .00 Date Contribution Received: 128/2012 Amount of Contribution: \$ 470 .00 Date Contribution Received: 10 131 12012 Amount of Contribution: \$ 470 .00 Date Contribution Received: 11 13012012 Amount of Contribution: \$ 470 .00 Date Contribution Received: (2 131 1 2012 Amount of Contribution: \$ 4-70 .00 Date Contribution Received: Amount of Contribution: \$ 470 1 131 1 2013 00 Date Contribution Received: 2 128 1 2013 Amount of Contribution: \$ 470 .00 Date Contribution Received: 313112013 Amount of Contribution: \$ 470 .00 Date Contribution Received: 413012013 Amount of Contribution: \$ 578 .00 5 131 1 2013 Date Contribution Received: Amount of Contribution: \$ 578 .00 6 1301 2013 Date Contribution Received: Amount of Contribution: \$ 578 00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00

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First Name:

Single Source Information for one Person or Entity for a single Contribution. Contributions from Single Source # | \ Single Source (or Related or Affiliated) Entity's Name: The Lanier Law Firm RC.

or Single Source (or Related or Affiliated)Person's Last Name: 126 E. Som Street, 6m FC

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| Number of Subject Matter of Executive Order of Governor/Municipality lobbied: | X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied: |
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| XI Declaration This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another I declare under penalty of perjury that the inform correct, and complete to the best of my knowled. | person to sign this Declaration.) (See instructions.) |
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| You must attach a \$50 dollar filing fee to each semi-annual control of applicable, a designation letter if you have marked designation sheets for sections III,IV,V,VI,VII,VII,VII,VII,VII,VII,VII | al report. (No fee is required for amendments to the original) gnee in section XI. |

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.